

Metro

BRIEF



Minneapolis

Substance Abuse Treatment in Metropolitan Areas

Office of Applied Studies



This report is one in a series of reports that provide a snapshot of substance abuse treatment in various metropolitan areas nationwide. This report focuses on substance abuse treatment admissions and treatment facilities in the Metropolitan Statistical Area (MSA)¹ of Minneapolis-St. Paul-Bloomington, Minnesota-Wisconsin,² hereafter referred to as Minneapolis.

Data presented in this report are derived from the Treatment Episode Data Set (TEDS),³ which collects information on the characteristics of persons admitted to substance abuse treatment, and the National Survey of Substance Abuse Treatment Services (N-SSATS),⁴ an annual survey of treatment facilities. Both TEDS and N-SSATS are conducted by the Office of Applied Studies, Substance Abuse and Mental Health Services Administration (SAMHSA).

Demographic Characteristics of Treatment Admissions

- In 2008, there were approximately 29,000 total substance abuse treatment admissions in Minneapolis: 67 percent were male and 33 percent were female.

The age and race/ethnicity of treatment admissions in Minneapolis are shown below in Figures 1 and 2.

Figure 1. Treatment Admissions by Age: Minneapolis: TEDS 2008

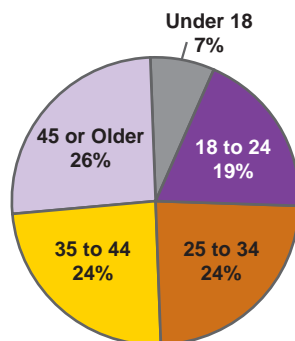
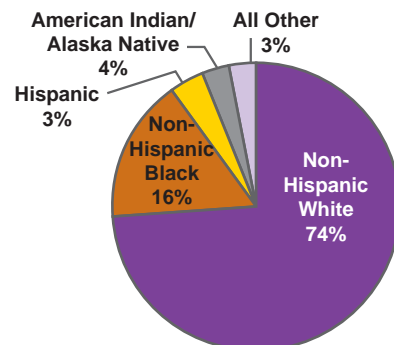


Figure 2. Treatment Admissions by Race/Ethnicity: Minneapolis: TEDS 2008



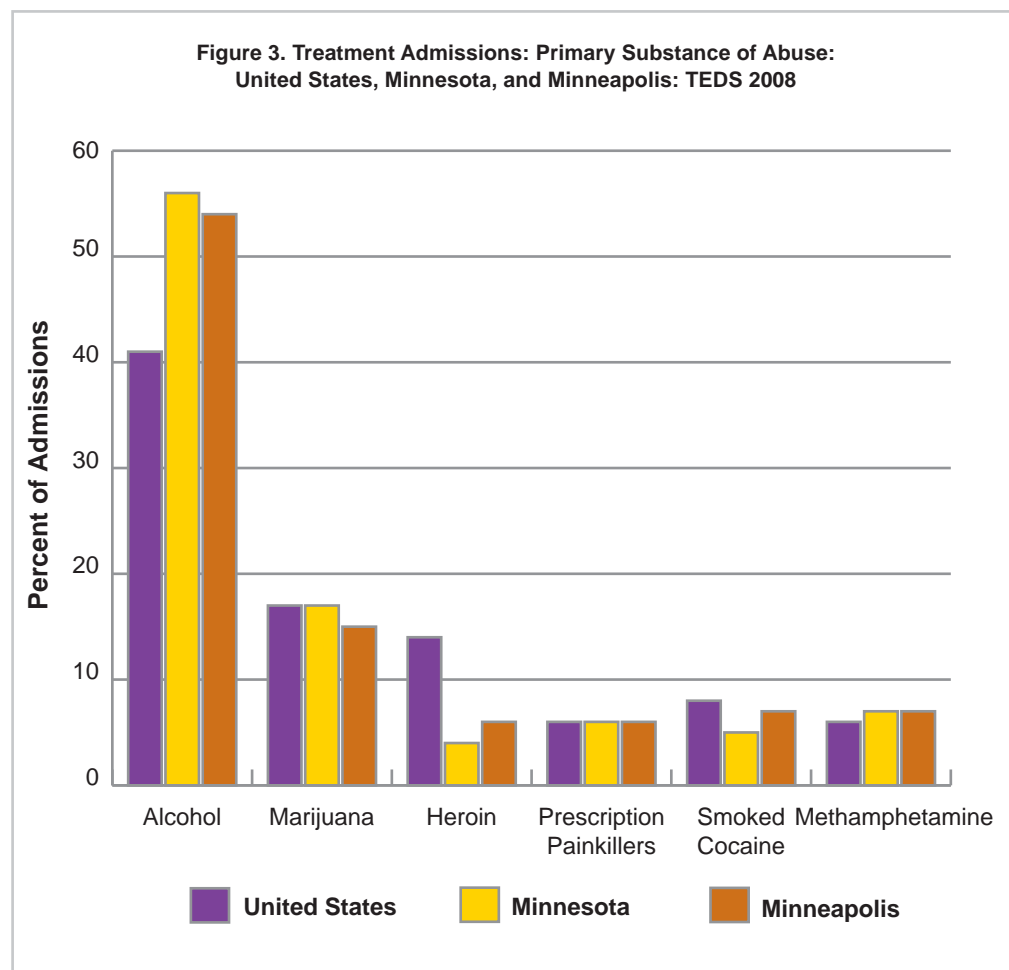
Source: Treatment Episode Data Set (TEDS) 2008



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
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Primary Substance of Abuse⁵ Reported at Treatment Admission

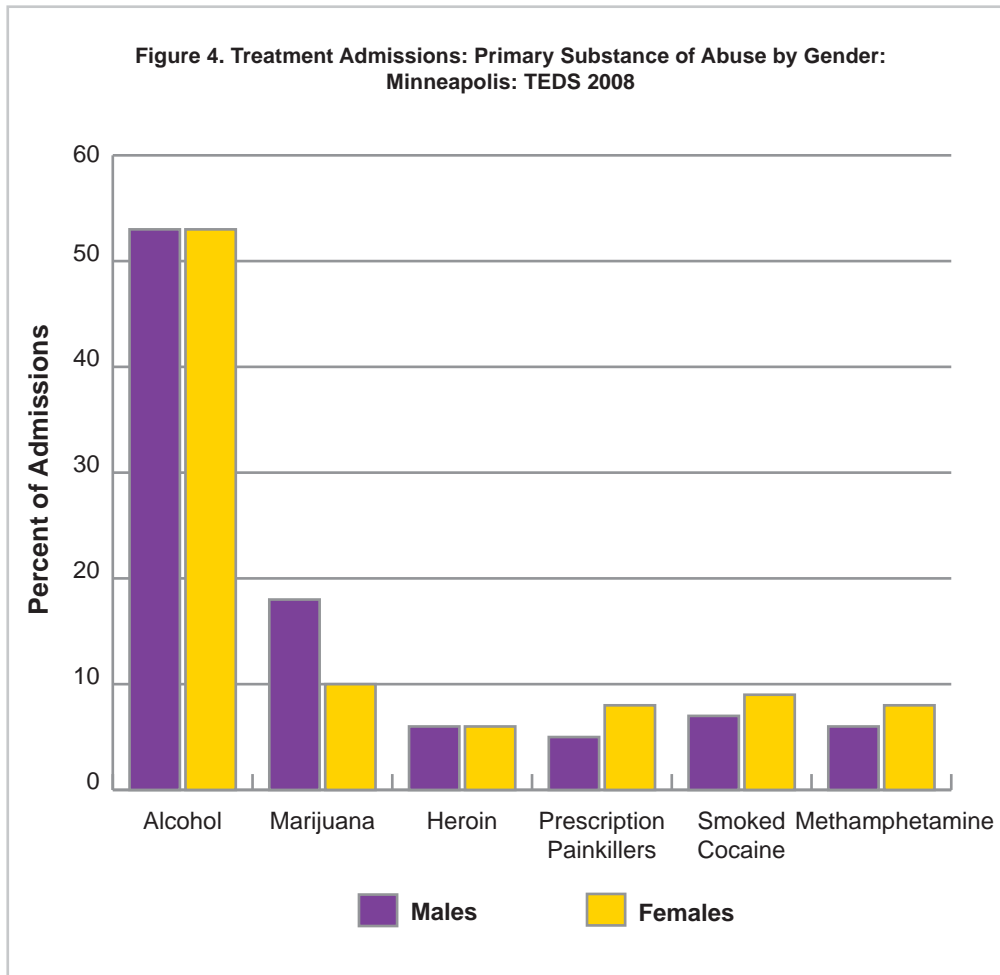
- Compared with the Nation as a whole, treatment admissions in Minneapolis were:
 - more likely than all U.S. admissions and slightly less likely than Minnesota admissions as a whole to report alcohol,
 - slightly less likely to report marijuana, and
 - less likely than all U.S. admissions and slightly more likely than Minnesota admissions as a whole to report heroin (Figure 3).



Source: Treatment Episode Data Set (TEDS) 2008

By Gender

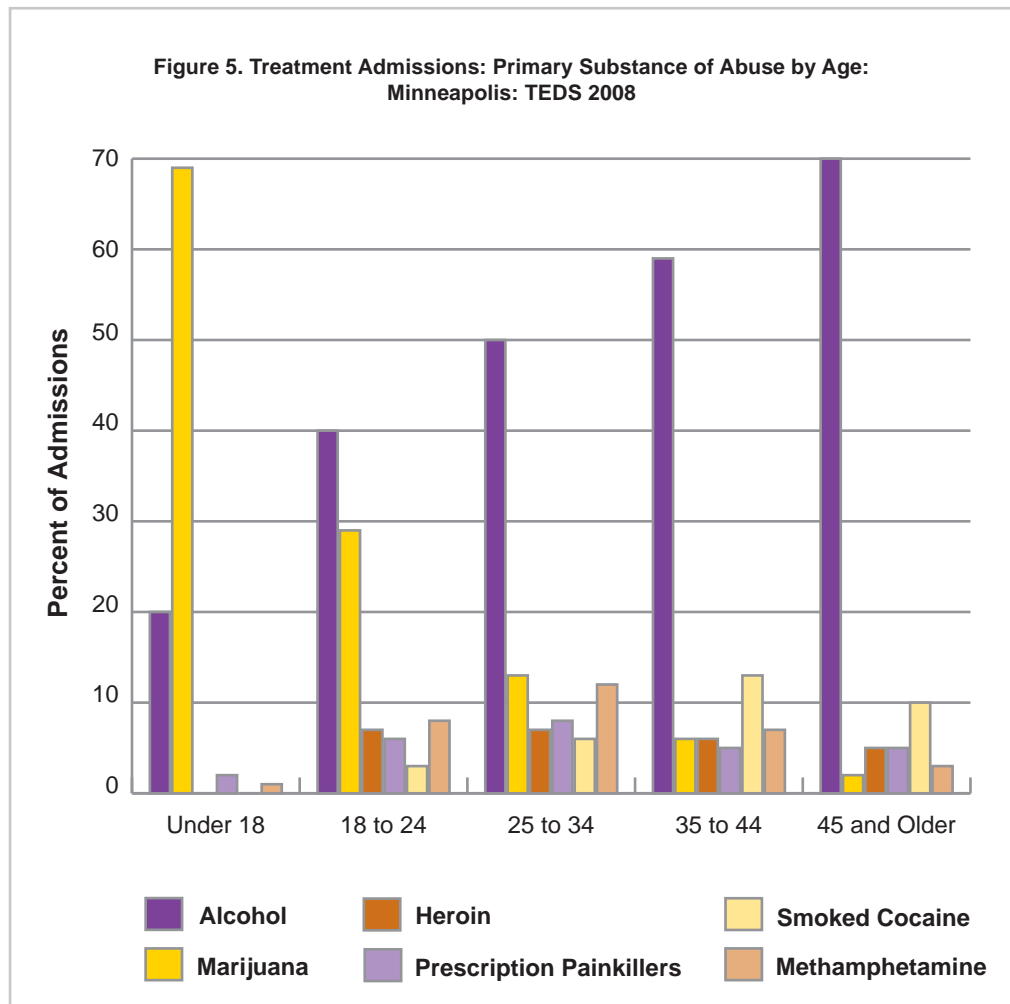
- Males and females reported alcohol as their primary substance of abuse more often than other substances.
- Compared with males, females were less likely to report marijuana and more likely to report prescription painkillers, smoked cocaine, and methamphetamine (Figure 4).



Source: Treatment Episode Data Set (TEDS) 2008

By Age

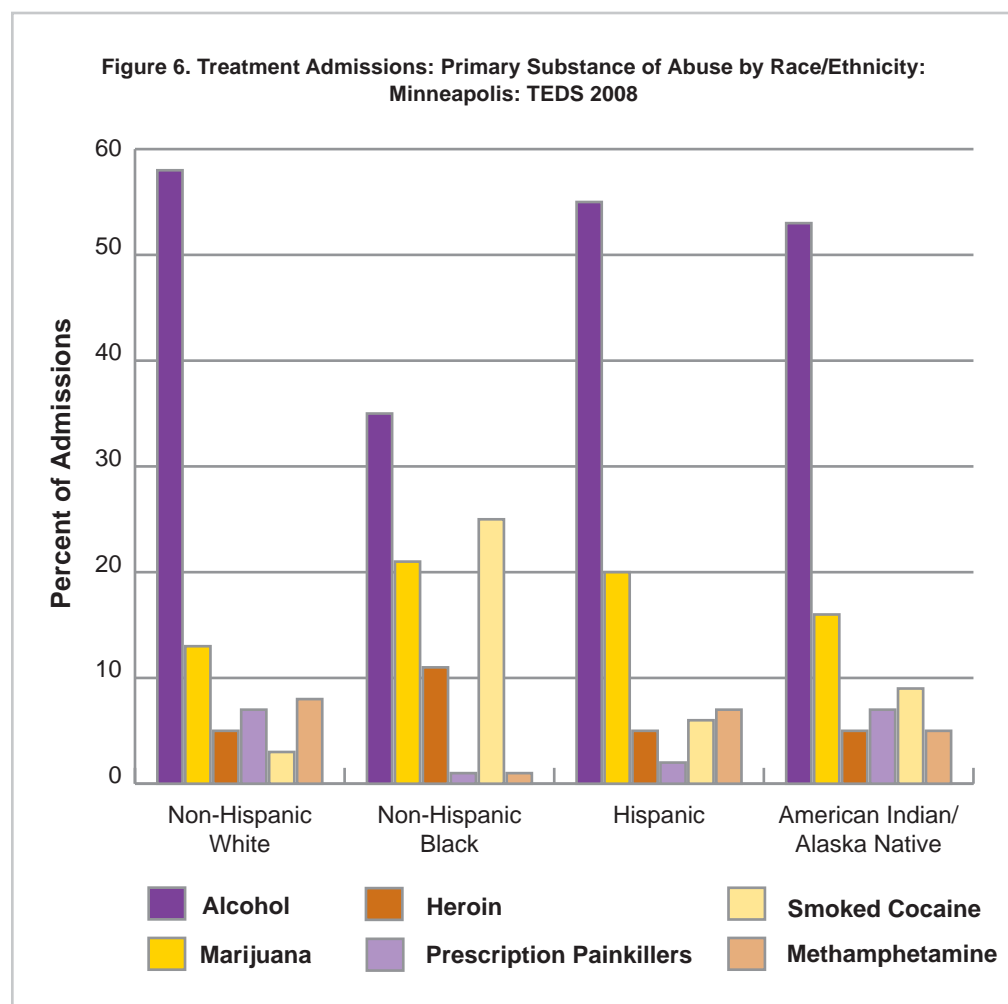
- Admissions under the age of 18 reported marijuana as their primary substance of abuse more often than other substances. Reports of marijuana decreased with age.
- Conversely, reports of alcohol increased with age. Alcohol was the most prevalent primary substance of abuse among admissions aged 18 and older.
- Second to alcohol, marijuana was most prevalent among admissions aged 18 to 34.
- Smoked cocaine was the second most prevalent primary substance among those aged 35 and older (Figure 5).



Source: Treatment Episode Data Set (TEDS) 2008

By Race/Ethnicity

- Admissions in all race/ethnic groups reported alcohol as their primary substance of abuse more often than other substances.
- Second to alcohol, non-Hispanic Black admissions most commonly reported smoked cocaine; admissions in all other race/ethnic groups most frequently reported marijuana (Figure 6).



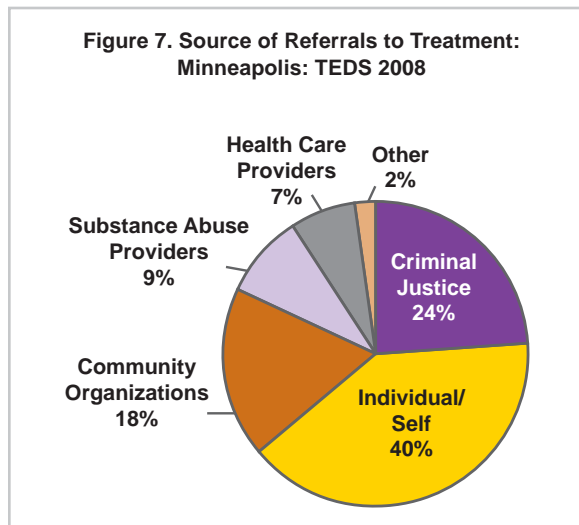
Source: Treatment Episode Data Set (TEDS) 2008

Injection Drug Use

- Of the total admissions in Minneapolis, 7 percent reported injection drug use.

Sources of Referral

- Individual/self-referrals were the most common source of referral to treatment in Minneapolis (40 percent), followed by the criminal justice system (24 percent), community organizations (18 percent), substance abuse providers (9 percent), and health care providers (7 percent) (Figure 7).



Source: Treatment Episode Data Set (TEDS) 2008

Substance Abuse Treatment Facilities

Types of Care

- In 2008, 137 facilities in Minneapolis offered substance abuse treatment services: 111 facilities offered outpatient care, 52 facilities offered non-hospital residential care, and 6 facilities offered hospital inpatient care. (Some facilities offered more than one type of care.)

Outpatient Care

- Of the 111 facilities that offered outpatient substance abuse care, 78 percent provided intensive outpatient services and 32 percent offered day treatment/partial hospitalization.
- Regular outpatient treatment services were offered by 76 percent of outpatient facilities.

Residential Care

- Of the 52 residential facilities in Minneapolis, 75 percent offered long-term residential treatment (more than 30 days) and 60 percent offered short-term residential treatment (30 days or less).

Detoxification Programs

- A total of 24 facilities offered detoxification services. Of these facilities, 96 percent provided detoxification from opiates (heroin and prescription painkillers), 71 percent from alcohol, and 71 percent from cocaine.

Opioid Treatment Programs

Opioid treatment programs (OTPs) provide medication-assisted therapy with methadone and/or buprenorphine for the treatment of addiction to opiates such as heroin and prescription painkillers.

- In 2008, 9 of the 137 treatment facilities (7 percent) in Minneapolis operated OTPs. On a typical day,⁶ 2,534 clients at these OTPs were receiving medication-assisted opioid therapy with methadone or buprenorphine.⁷

References

U.S. Census Bureau. (2009). Metropolitan and micropolitan statistical areas. Retrieved on December 2, 2009, from <http://www.census.gov/population/www/metroareas/metrodef.html>

End Notes

¹ MSAs are geographic entities used by Federal statistical agencies to collect, analyze, and publish Federal statistics, and are defined by the U.S. Office of Management and Budget.

² The Minneapolis-St. Paul-Bloomington, Minnesota-Wisconsin MSA includes the following counties: Minnesota: Wright, Washington, Sherburne, Scott, Ramsey, Hennepin, Dakota, Chisago, Carver, and Anoka. Wisconsin: St. Croix and Pierce.

³ The Treatment Episode Data Set (TEDS) is a compilation of data on the demographic and substance abuse problems of those admitted for substance abuse treatment. The information comes primarily from facilities that receive some public funding. Information on treatment admissions is routinely collected by State administrative systems and submitted to the Substance Abuse and Mental Health Services Administration (SAMHSA) in a standard format. TEDS records represent admissions rather than individuals, because a person may be admitted to treatment more than once. See the annual TEDS reports at <http://www.oas.samhsa.gov/dasis.htm#teds3>.

⁴ The National Survey of Substance Abuse Treatment Services (N-SSATS) is designed to collect information from all facilities in the United States, both public and private, that provide substance abuse treatment. N-SSATS does not collect information from the following three types of facilities: non-treatment halfway houses; jails, prisons, or other organizations that treat incarcerated clients exclusively; and solo practitioners.

⁵ TEDS collects information on up to three substances of abuse that lead to the treatment episode. The main substance abused by the client is known as the “primary substance of abuse.”

⁶ N-SSATS collected information on the number of clients in treatment at each facility on the survey reference date of March 31, 2008.

⁷ It is possible that the number of clients receiving treatment at opioid treatment programs (OTPs) on the N-SSATS reference date will appear relatively large in comparison with the number of annual treatment admissions based on data from TEDS. Reasons for this include: (1) persons receiving medication-assisted opioid therapy often remain in treatment for extended periods of time and thus do not show up in an annual count of admissions to treatment; and (2) some private for-profit OTPs do not report to TEDS but are surveyed in the N-SSATS.